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ABSTRACT

The final report documents activities of a 3-year child abuse and neglect demonstration unit in Bayamon, Puerto Rico. The history of the project is reviewed along with the following project components: organization/staffing, case identification, coordination, community education, professional development, case management, research and evaluation, and staff training. Operational problems are cited, including slowness in receiving referrals, limitations of office space, administrative delays, and lack of community resources. Progress toward project objectives is analyzed, project management and worker satisfaction are evaluated, and client data (flow and characteristics) are examined. The impact on the community is considered in such areas as development of community resources, education and public awareness, and community system coordination. A final section briefly covers resource allocation and service volume and costs. (CL)

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CHILD ABUSE/NEGLECT DEMONSTRATION UNIT: BAYAMON, PUERTO RICO

FINAL REPORT

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I. COMMUNITY CONTEXT

The Child Abuse/Neglect Demonstration Unit obtains its cases from the Bayamon region where the Commonwealth's Department of Social Services (DSS) has nine local offices. Bayamon, the third largest city in Puerto Rico (population of 170,500) is one of six urban areas that compose the San Juan metropolitan area. Lying to the west of San Juan, the Bayamon region has 377,511 (1970 Census) inhabitants who live in the cities of Catano, Corozal, Dorado, Naranjita, Toa Alta, Toa Baja, Vega Alta and Vega Baja, in addition to Bayamon. Urganization of this formerly agricultural area over the past two decades has produced large concentrations of unemployed and impoverished people, and an unusually young population (35% under 15 years; 1970 Census). The institutional structure needed to provide services to this population has lagged far behind the need.

Definitions and estimates of the prevalence of abuse and neglect vary according to the respondent's position and socio-economic class. However, consensus appears to exist that the cases of physical abuse and cruel treatment ("trato cruel") are a small percentage of the total number of cases of abuse and neglect. Physical abuse appears to arise most frequently from the misapplication of older standards of corporal punishment such as belt whipping. (Physical discipline is an accepted practice in most Puerto Rican families.) "Trato cruel" refers to any unduly hard and violent acts that make a child suffer pain.

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Neglect of children is more prevalent and takes several forms. Moral neglect involves exposing children to "immoral" lifestyles or encouraging them to live "immorally" (open exhibition of prostitution, obscene language, engaging children in sexual acts, sending children to beg). Abandonment involves leaving children unattended (frequently without food). Other cases of neglect are those in which the child's health or education is imperiled. Frequently, cases of neglect arise from sudden stresses combined with a long-term problem such as alcoholism, prostitution or mental retardation.

II. HISTORY

After joining the Commonwealth's Department of Social Services in 1972, the Specialist for Protective Services became increasingly concerned about the large number of abused children, throughout Puerto Rico, who were removed from their homes while little attempt was made to work with their parents. By the time cases of abuse or neglect were brought to the attention of DSS, the situations were so grave that the staff felt there was little they could do to keep the family together. DSS's heavy caseloads (averaging 50 cases a month) precluded anything but minimal service to the family.

In mid-October of 1973 the Specialist learned of the availability of federal funds for child abuse demonstration projects. The director of the Special Resources Section of the Planning and Evaluation Division of DSS, another evaluator from that division and the Protective Service Specialist drafted a proposal. Their intent was to determine whether a more intensive casework approach, using master's level social workers, would make a difference in the final outcome of child abuse and neglect cases and in the

incidence of abuse and neglect. If the demonstration were successful, they hoped to apply the model to the eight other regions of DSS in Puerto Rico. They selected Bayamon because both the need for social services and the incidence of child abuse appeared to be high in that area. In addition, the regional office was supportive of the idea of having a special child abuse and neglect unit in the region.

III. SUMMARY OF ACTIVITIES

First Year Summary

DSS received notice of the award of the contract in May of 1974. A director, social worker and secretary were hired in early September, and two social workers, two health educators, and a secretary joined the staff in October.

The staff began working with a few clients in November. The small number of referrals from the DSS local offices necessitated that in January the director and the social workers meet with the staff of the local offices to review individual case records. The number of referrals increased slowly during the subsequent months. In February, the staff began to use the services of the project's consultants for the purposes of diagnosis and general case discussion. By the end of June the project had a caseload of 32 cases. Under development were plans for a diagnostic review team, group therapy sessions, and several summer camps for parents and children.

Beginning in November, the health educators developed a full program for publicizing the reporting law and the demonstration project to professionals in community agencies and to the public anf for educating parents and community members on a variety of subjects affecting family life and children.

As part of the changes connected with refunding for the second year, the director hired, in July of 1975, a fourth social worker to work with prevention cases and a research assistant to collect evaluation data.

Second Year Summary

The Unit solved its office space problem by moving to its own offices in July 1975, only a half a block away from the regional DSS office. In August 1975 the project was serving its targeted number of 45 cases. In December 1975 the fourth social worker, who had started in July, had a full caseload of 15 potentially abusive and neglectful parents. In February, a new social worker replaced a social worker who resigned to accept another job. Starting in February 1976, the project started terminating cases and by June had closed out 14 cases.

In addition to the individual, couples and family therapy offered by the project's consulting psychiatrist and psychologist, the Unit initiated during the fall of 1975 a series of 19 group therapy sessions attended by mothers in the project's caseload. The project's consulting pediatrician thoroughly examined every child under 12 years old.

During the year the project conducted several positive behavior reinforcement activities for families. In July 1975, 40 clients and their families attended two three-day outings at the DSS camp. In December 1975, 250 people attended the Unit's Christmas party. In March and April 1976, the project took more than 60 clients to the zoo and to old San Juan. In June 1976, 85 clients and their families attended a four-day camp.

The health educators conducted extensive lecture discussion groups reaching over 2000 people in the Bayamon region.

In July 1975, the Unit organized an Interagency Committee on Child Abuse and Neglect which met monthly. The Committee developed and implemented a system for reporting cases of child abuse and neglect and prepared a training program for staff of the member agencies.

Rutgers University provided special training to the project's staff and consultants as well as to some of the members of the Interagency Committee.

Third Year Summary

In August 1976, the project relocated to a new office which was five minutes by automobile from the previous one. In January 1977, the director resigned to accept a teaching position at Sacred Heart University. One of the social workers assumed the directorship. As the project was reducing its caseload in anticipation of its completion in April, a number of the new director's cases were terminated or assigned to the remaining three social workers. Also in January, the senior health educator left the project.

During the year the project reached a peak caseload of 58 cases in November 1976, with a maximum of 18 cases for one social worker. None of the services provided by the Unit changed significantly. From September to December 1976, the project conducted a series of group meetings for mothers which used crafts as a means of improving communication and increasing participation.

In September 1976, the staff conducted four day-long training sessions for Bayamon region's 40 DSS social service technicians. Others trained later in the year were the staff from the alcoholism program, Bayamon schools, Bayamon CRUV, and the Bayamon Sub-regional Hospital. With the completion

of most of the training sessions, the Interagency Committee disbanded.

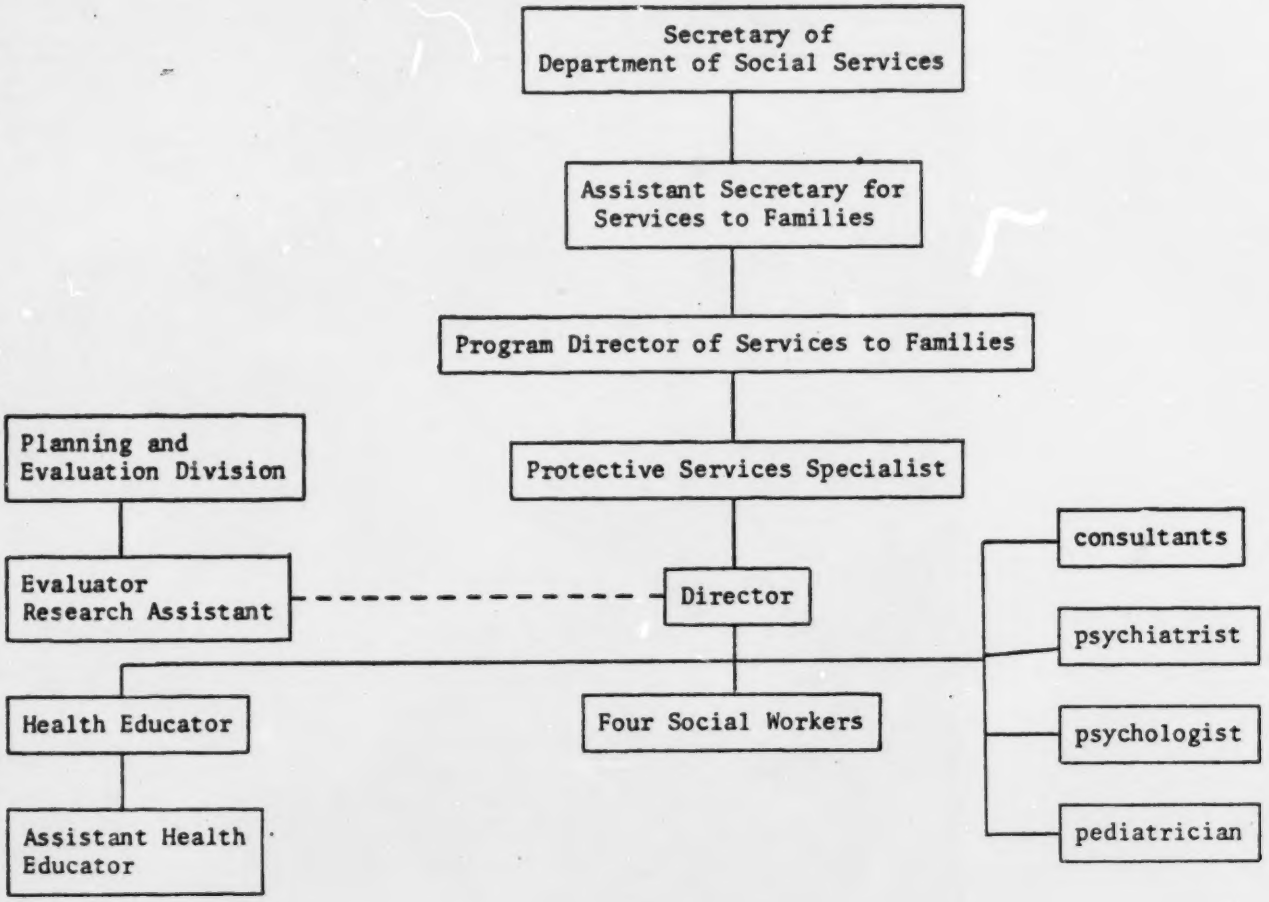
The health educators focused most of their attention on parents and professionals in areas outside of the city of Bayamon using the Maternal Infant Care program, public health centers, Head Start centers, and CRUV housing projects as settings for these educational activities.

Rutgers University continued to train project staff. The project evaluator completed several reports on the type of client served, the effectiveness of treatment, the characteristics of abusive parents in Puerto Rico, and the relative effectiveness of services provided to a comparison group selected from the caseload of the San Juan local offices.

IV. ORGANIZATION/STAFFING

The supervisor of the project is the Protective Service Specialist of DSS (see Figure 1). The director is responsible for supervision of staff, selection of and consultation on clients, program planning and development, and the project's formal contacts with other DSS departments and agencies. The health educator and assistant oversee the community education component of the program and occasionally instruct clients in financial and home management matters. The four social workers interview families, make diagnoses (with the assistance of the project consultants -- a psychiatrist, psychologist, and pediatrician), provide casework and group work services, and assist in obtaining additional services for their cases. Three of the social workers handle cases of child abuse and neglect, and the fourth works with families where there is a high probability of future child abuse or neglect, although an isolated incident may have occurred. The social workers can use the project monies for meeting emergency needs.

Figure 1: Organizational Structure



A psychologist from the University of Puerto Rico, hired and supervised by the Planning and Evaluation Division, carries out the research and evaluation component of the project.

The Department of Social Services is paying for the Protective Service Specialist's time, office space, janitor and utilities, and emergency use of the department's car.

V. PROJECT COMPONENTS

The Child Abuse/Neglect Demonstration Unit has the following components: case identification, coordination, community education, professional education, case management, research and evaluation, positive behavior reinforcement activities, and staff training.

Case Identification

With passage of Law 191 in July 1974, public consciousness was raised about the need to report incidents of abuse or neglect to DSS. Although the project does not directly receive reports, one of its functions is to ensure that all potential cases are referred to DSS. DSS refers all substantiated cases to the project. The director and staff have been in contact with all key referral sources in the Bayamon district to make their existence and purposes known. Each agency has copies of a referral form which notifies both the local office of DSS and the project when a parent is suspected of child abuse. The following agencies make most of the referrals: school districts, Head Start, Health Department, hospitals, Corporation for Urban Renewal and Housing (CRUV), Youth Action, police, District Adult and Juvenile Courts, Mental Health Center, Services Against Addiction, and the mayors' offices in Bayamon, Dorado and Toa Alta. The director and staff members speak on

radio and television about the program and the need to report suspected cases to DSS. The project has developed educational material on abuse for teachers, doctors and public community agencies.

Coordination

The project attempts to improve the linkages among community agencies so that cases are identified and are promptly referred, treatment services are shared, and the management of cases is easily coordinated. The project has established an interarency task force of professionals representing agencies that deal with child abuse or neglect to facilitate this coordination. The health educators meet with the staffs of key local agencies to describe the project and discuss the project's objective of working closely with local agencies to provide services and improve the community system.

In working with the families, regular contact is maintained with the local DSS offices, the police, the juvenile and adult courts, the regional office of the CRUV, the mental health center, hospitals, and Services Against Addiction.

Community Education

The health educator and her assistant are responsible for teaching people to be better parents. They work primarily on three levels. At the first level they meet with parents of children who are in organized programs like Head Start or in the public schools, to discuss such topics of concern as child development, nutrition, child management, alcoholism and drug abuse. These sessions tend to be small and discursive. At the second level, they hold meetings in the community, frequently under the sponsorship of a recognized community group, to make more formal presentations on

many of the same topics covered in the smaller sessions. The staff selects those communities they feel have the greatest potential for abuse and neglect. The Health Educator enlists the assistance of Youth Action volunteers to distribute the materials and to publicize meetings. An experimental approach to community education at this level has been to get members of a local community to organize around child care issues and to use the health educators as resource people. The final level involves talking on radio and television and using the printed media to publicize approaches that can be taken to improve the welfare of children. The health educators continually seek out and develop their own audio-visual materials and handouts.

Professional Development

Another responsibility of the health educators is to teach professionals how to recognize child abuse and neglect and how to make referrals. The health educators hold workshops and distribute information to staff within DSS, teachers and social workers in the schools, and professionals in the schools, and professionals in other agencies in the region. The staff holds day-long training sessions for key personnel in community agencies.

Case Management

The Case Management Unit carries an active caseload of 60 families -- 45 where an incident of abuse or neglect has taken place, and 15 where abuse or neglect will probably occur. In order for a case to be accepted by the project, there must be a reasonable possibility of the children's living with at least one of their parents. As long as the parents are not institutionalized and the child is not permanently removed, the Unit works with the case.

The consultants (a psychiatrist, psychologist and pediatrician) perform any necessary examinations and make recommendations to the social workers handling the case. In some instances they may provide short-term treatment. Because it is difficult to get parents to attend meetings, the primary treatment is usually individual casework; however, group therapy is used where deemed feasible and beneficial. Individuals are referred to other agencies such as the mental health center and the hospitals for long-term psychiatric care, pediatrics and emergency medical services.

The social workers assist in obtaining supportive services such as day care, temporary foster care, homemaker services, public assistance, food stamps, transportation, food, clothing, and medicine. The health educators are available at the request of the social workers, to instruct clients in home management, nutrition, and personal hygiene. The social workers periodically meet with the director to review their cases and a multidisciplinary team meets once a month to discuss particularly difficult cases.

Positive Behavior Reinforcement Activities

The entire staff offers clients special recreation-type opportunities in order to help families to communicate with each other more effectively and to participate more openly in group settings. These activities usually take place for several days at a DSS camp where staff share quarters with clients and their families and educate parents on a variety of subjects relating to child care and coping with personal problems.

Research and Evaluation

One of the project's objectives is to test the hypothesis that more intensive casework will (1) reduce the incidence of child abuse and neglect,

(2) maintain healthy family units. To evaluate the validity of this hypothesis as demonstrated by the Bayamon program, the project draws on the services of a University of Puerto Rico psychologist hired and supervised by the planning office of the DSS Research and Evaluation Division.

Staff Training

Staff training is an ongoing element of the overall program. The staff makes use of the experience and knowledge of the staff at the Department of Social Work at the University of Puerto Rico, the DSS specialist in protective services, and an HEW funded training program at Rutgers University. The staff receives training in such subjects as special social work techniques for dealing with abusive and neglectful parents, approaches to diagnosis, use of psychiatrists, legalities of protective services, and Puerto Rican laws pertaining to minors. The staff periodically attends national workshops.

VI. IMPLEMENTATION/OPERATION PROBLEMS

There have been two types of implementation issues: those that were real and those that might have been potentially problematic. The following are some of the major issues of both varieties.

Referrals

At the end of December 1974, the local DSS offices had referred 12 cases to the project; of these, eight were accepted. The lack of clients necessitated the project staff's visiting the local DSS offices to seek potential cases rather than wait for the local offices, whose staffs were strained by implementing Puerto Rico's first food stamp program, to perform the necessary paperwork for making referrals. As a result of the project's efforts, the

caseload increased slowly but steadily. The clients' great need for advocacy services were another reason for the slow start; the project social workers had all they could handle, even with the light caseload, in securing assistance for their clients. (Slowness in receiving referrals may have forestalled, at times, full use of the project resources.)

Suitable Office Space

Although the project started working with only a few cases, the limitations of their offices became readily apparent. First, located on the second floor of the regional DSS building, the offices were small and only a few were partitioned. Along one side of the office ran an opening to the first floor, from which considerable noise emanated. In addition, the other side of the office was used by regional DSS staff who had to pass through the project's space in order to get to the elevators. Besides the noise and cramped quarters, there was a lack of privacy that precluded holding interviews in the office. In July 1975, the project moved to spacious quarters a half-block away from their former offices.

Administrative Delays

The project has encountered a number of delays in obtaining approval of contracts, obtaining requisitioned supplies, and receiving authorization to print educational materiels. While these delays may be endemic to governmental activities, particularly in Puerto Rico, the project was able to carry out some of its planned activities as fully as it desired. The director managed to circumvent most of the bottlenecks, but the delay in obtaining approval from the DSS central office for publishing educational materials hindered full execution of that project component.

Lack of Community Resources

The project has a number of resources that are not ordinarily available to staff in the local DSS offices. Nonetheless, like the local offices, the project relies on DSS for foster care placement and homemakers, CRUV for public housing, the health centers for medical care, and the mental health center for long-term treatment.

Although DSS has a shortage of places in foster care homes, the project had managed, through the power of persuasion, to arrange for such services for clients. The staff had expected this deficiency to cause delays and pose obstacles to successful treatment of clients. Since the caseload has increased, the project obtained special funds in its second-year budget to keep places available for its clients.

Another shortage is that of homemakers. DSS employs homemakers to assist the workers in the Division of Families with Children and other DSS programs. Because new minimum wage legislation will raise the salaries of these homemakers dramatically and because of budgetary constraints, DSS is reducing this service. The project director obtained money in the second-year budget to hire two full-time homemakers, but she was unable to find anyone who was qualified.

In April 1975, the project, in trying to secure a home for a low-income family on an emergency basis, was confronted by the refusal of CRUV to provide a place. Only by going to higher authorities was it possible to obtain housing for the family. The project still relies on CRUV for low-income housing, but their prior experience expedited the securing of apartments.

Since May 1975, when the project hired a psychiatrist who also works for the mental health center, it has been able to receive the long-term care services it desired from the mental health program.

Case Histories

Because of the social workers' priority of first providing services to clients and because of the time-consuming nature of the cases, the social workers were unable to keep the case histories current or complete during the first half of 1975. The BPA client forms were used to substitute for many of the written case notes. The director and social workers recognized the need to develop a system of note-taking to supplement the BPA forms, in order to have a record of all the relevant information for future case management and review. In July 1975, staff members revised the outline of essential information that was formulated at the beginning of the year and write brief monthly summaries of their clients' progress.

Rapid Response

Protective services programs, which frequently deal with emergency situations, often depend on administrative flexibility to facilitate taking quick action when necessary. Efficient response of the project to client needs had been limited in two important areas -- foster care placements and emergency funds. Reliance on DSS for foster care placements was not working satisfactorily because DSS could not find sufficient openings in foster homes. Departmental restrictions on the use of emergency funds hampered the project's ability to meet client needs for food or clothing. In crisis situations, to rectify the situation, the project had to develop its own sources of foster care placement and had to contest regulations governing emergency funds.

Different Objectives of BPA and Local Evaluations

During the first few months there was some confusion about appropriate roles for the two evaluations. It appeared that, in some areas, Berkeley Planning Associates was going to duplicate work that the local evaluator had intended to undertake. Moreover, the local evaluator had some concerns about the methodology that was being used to assess client impact. After several opportunities to discuss roles and evaluation designs, the confusion was resolved by reaching an understanding of the slightly different focus of each evaluation. The local evaluation used a classic research design and focused on changes in specific indicators of "positive family functioning." Also, the local evaluator took a more psychological approach to evaluation and did not examine the costs or cost-effectiveness of providing services.

Evolution of Approaches to Implementing Goals

The project's overall goal has remained constant from the start: to test a regional model of providing protective services in order to determine whether it should be implemented throughout Puerto Rico. Some aspects of the model that were not part of the initial conception were developed and tested. The project experimented with increased caseloads; worked on prevention cases; used camps both to impart new parenting skills and to change children's behavior patterns; and tested the effectiveness of using special resources such as consultants and emergency funds. Although there was some initial discussion of adhering to a fixed model, the project took an experimental approach.

VII. FUTURE PLANS

DSS administrators have decided that the project was successful in demonstrating the value of having a specialized regional unit to deal with cases of child abuse and neglect. However, DSS administrators think replication of the model is too expensive given the available resources. Hence, they are going to continue to fund a modified unit in Bayamon and two other regions. Each unit will have a master's degree social worker as director, two or three social service technicians, a health educator, and a secretary. The maximum caseload will be 20 cases. Staff will be continuously trained.

The project staff will terminate all of the cases by the end of April. Leftover funds will probably be used to support the staff for several months to train new staff and other professionals in the Bayamon region.

DSS is implementing an island-wide hotline which will make immediate referrals to local offices and the specialized child abuse units in those regions where they exist. The former health educator is responsible for publicizing this service.

VIII. PROJECT GOALS

The project's overriding goal has been to determine the relative effectiveness and appropriateness for Puerto Rico of a specialized child protection unit operating at the regional level. The unit uses master's level social workers, who have had some field experience, to work exclusively with abusive and neglectful parents. A special feature of this prototype is its community education component, which seeks to promote public awareness of the problem, so that cases are reported and more community resources are spent on prevention and treatment of child abuse and neglect. Since the project's goals are

so closely tied to its demonstration nature, the goals have been oriented toward determining what changes occur both in clients and in the community.

The following are the project's goals as set forth in the second year refunding proposal:

(1) General Objective. To determine the relative effectiveness of two models for treating child abuse/neglect cases: the "traditional model" currently being used by the Department of Social Services and the model adopted by the Bayamon Child Abuse and Neglect Demonstration Unit. If the latter model proves to be more effective than the traditional model, recommendations will be made to the Department of Social Services for its implementation islandwide.

(2) Objective Related to Client Impact. To improve the functioning of those families in which children have been abused or neglected or are likely to be abused or neglected, which have at least one parent in the region and which have a reasonable potential of staying together if social services are provided.

(3) Objectives Related to Community Impact. (a) To promote awareness and understanding in the Bayamon region of the problem of child abuse/neglect; and (b) to change the overall community system by fostering better coordination among involved agencies and by improving the identification and referral procedures currently being used.

(4) Objective Related to Research. To determine characteristics of abusive and neglectful parents and to develop indicators of potential abuse and neglect specific to Puerto Rican families.

General Objective

DSS administrators, the staff, and the local evaluator have concluded that the Bayamon model is more effective for treating child abuse/neglect cases than the traditional one. The Department is funding three regional units for fiscal year 1977 based on the successful experience of the Bayamon project.

Objective Related to Client Impact

As of January 1977, the project had terminated 40 cases. The local evaluator found in a study of the first 30 clients that for 17 the incidence of abuse/neglect had been significantly reduced. The social workers feel that there has been general improvement in all the clients served by the project.

Objectives Related to Community Impact

The project appears to have increased the level of consciousness of the problems of child abuse/neglect in the city of Bayamon, the region, and in Puerto Rico. The health educators reached thousands of parents with their public presentations and distributed thousands of pieces of educational material. There were numerous radio and television broadcasts and several newspaper articles. The project trained all of the staff of the major service providers in the region (with the exception of the police), and disseminated resource materials for use by those professionals in their educational work.

The system for dealing with child abuse and neglect appears to have improved during the project's three years of operation. The project has improved communication among the various key agencies. Frequent contact by staff and the Interagency Committee appear responsible for the improved relationships among agencies. Another contributing factor was that the Interagency Committee

developed a form for making referrals and for providing the project with a way of following up on suspected cases referred to the local offices. As of January 1977, about 20 referrals had been made using these forms.

Objective Related to Research

The local evaluator successfully fulfilled this objective with an informative report which profiled typical abusive and neglectful parents in Puerto Rico and estimated the probable incidence of abuse on the island.

IX. PROJECT MANAGEMENT AND WORKER SATISFACTION

Walking into the Bayamon project is like a breath of fresh air. One is immediately struck by the warmth and nurturing atmosphere which pervades the work environment. Upon closer scrutiny one's initial feelings are borne out as you hear and see people talking and sharing with one another. The consensus in the project is that "co-workers" make the difference in coping with an emotionally and physically exhausting job.

Organizational Structure

Bayamon is a relatively small project. There is a total number of 12 staff, nine being full-time. The project's average monthly budget is $15,622. The program is moderately complex, engaging in a number of diverse activities including community education, community coordination, professional training, and direct service. The organizational structure has a low level of complexity, with four different disciplines actively involved in the project's activities. The organizational structure if fairly formalized; job descriptions, a rule manual and codification or procedures are written out and followed. There seems to be more informality at the daily work level, since most workers exercise a high degree of autonomy in their own jobs.

Decision making regarding agency procedures, policies and program planning is highly centralized. Within the project, staff report that they participate in decisions that directly affect their jobs. For example, workers can decide what will happen at a parents' day camp, but they do not decide whether or not to have the camp. Many of the workers feel that they would prefer to have more input into the organizational level decisions.

Management

All staff seem to agree that their project is very well managed. They report that the leadership is very good. The project director gives good direction, but is not authoritarian. She is very supportive and always has an open door to listen to workers' concerns. Communication is also considered to be good. Everyone knows what they need to know to do their job. There are both formal and informal structures for communication about program and client information. There appears to be no destructive gossip. Everyone feels that they have license to work in their own style with clients and have the necessary autonomy to do their job. One of the outstanding strengths in the project reported by each and every staff member was the good, health co-worker relationship. Everyone feels that they have established a strong support network that sustains them when frustrations with other agencies and difficult clients exhaust them, and this is the reason they have been able to stay with the project for three years.

While the project management appears to be exemplary, the tremendous bureaucracy that the project is submerged in causes great frustration for all workers. Foremost, the bureaucratic red tape interferes with workers' ability to get clients the services they need. There are long delays on every request for service. When the project moved into their new quarters

the staff did not have telephones for six weeks until the central office could make the arrangements for installation. Consequently, clients did not have direct access to workers, and workers were compelled to use the telephones at the central office some distance away from their own offices. Further, the project does not have direct access to funds necessary to purchase supplies needed for their program components. There are always delays in obtaining approval of contracts, obtaining requisitioned supplies, and receiving authorization for extra activities (e.g., printing educational materials). While the project director managed to bypass many of these bottlenecks, many delays did hinder the full execution of project activities and presented an extra source of frustration for workers.

Secondly, workers feel very insecure as provisional workers, their job classification due to the project's demonstration status. The central office does not give the project staff any extra benefits or retirement benefits. Most workers feel very insecure and resent the lack of commitment demonstrated by the central office.

Because of these bureaucratic hassles, workers feel they are less effective in their jobs. The high group cohesiveness among project staff has made it possible for everyone to espress frustrations and anger openly, however, and receive support to continue coping with the central office. Thereby, less of this frustration is directed at clients.

Turnover/Satisfaction/Burnout

Only two staff members have left the project: a service worker and the project director. The project director, who had been with the project about 2-1/2 years, resigned to accept a position teaching in the local university School of Social Work. A staff member was promoted to the director-

ship position for the remainder of the project. The project staff has been stable throughout the project, but some instability in project operation occurred because the project itself moved twice during the three years.

There is a very high feeling of job satisfaction among all workers. Interestingly, while there is 100% high job satisfaction, almost 30% of the staff report high burnout and 43% report moderately high burnout. In conversations with workers it became clear that this staff, although exhibiting high esprit de corps, was suffering emotional and physical exhaustion. There are a number of reasons why burnout occurred among such a competent staff and in a well-managed project. The workers themselves express extremely high expectations regarding what they must accomplish. Several social workers expressed it this way: "this project is like our child. We will do anything to make it work. We work nights, we don't take our vacations, we work weekends. We have success but we are exhausted." "This pride we all feel is good professionally, but sometimes we are so tired it is hard to continue working." Linked with this high expectation and desire by the staff to help their clients is the difficulty of getting services from other public bureaucratic agencies. In order to get housing, welfare and medical care for their clients, workers must spend a lot of time and energy cutting through red tape. And, for many clients, there are no services available in the community to help them.

In addition to these factors is the serious problem presented by the Bayamon client load. Many clients have very difficult problems; they are either mentally ill, very poor, or very isolated multi-problem families. All are those who do not make much progress, or if progress is made, it is up and down.

Coupled with the workers' high expectations and the exhausting nature of the work is the fact that workers do not take their vacations and tend to work long hours. While most workers nurture themselves with family activities, reading and various social activity, most workers feel that they need a large block of time set aside for recuperation. But, if the staff take their vacations, then other workers must assume an increased load. Because people feel so close to one another, they are hesitant to create additional work for their peers. One worker summed up the solution: "There just seems to be too many demands for the amount of time available for clients; either we must reduce non-client demands or reduce the number of clients."

X. ANALYSIS OF CLIENT DATA

Client Flow

Neighbors and relatives are the most probable sources of referral. The agencies most likely to report a case of abuse or neglect are the public school (social workers or teachers), the health center (nurses), the police, the Corporation for Housing and Urban Renewal (CRVV), and the hospitals. The report is usually made to the local office of the Department of Social Services, the agency legally mandated to receive reports. Some of the agencies making referrals fill out a referral form which they send to the local office as well as to the project. The service technician in the local office records the nature of the complaint and the resource of referral. The supervisor of the local office assigns the case to a worker, who usually makes a home visit within 24 hours. If the case appears to meet the projects criteria, it is referred to the project director, who

passes the case on to the project.

If the case meets the criteria and a social worker does not have a full caseload, the project director will ask the social worker to talk to the DSS worker, interview knowledgeable individuals, and make a home visit. In cases where a doubt exists, the project will provisionally accept the case until the social worker can investigate the case. If the case is accepted, the local DSS office will terminate its responsibility for the case. If the case is not accepted, the project will explain its reasons and suggest other actions.

The social worker makes an initial assessment, looking at the family and child's histories, the quality of care of the children, the circumstances surrounding the incident(s) of abuse or neglect, and an assessment of the family's living conditions. If the child is under 13 years old, the project's consulting pediatrician examines the child. To obtain an assessment of a parent's or child's mental status, the social workers consult the project's consulting psychologist or psychiatrist. On the basis of this information, the social worker arranges for advocacy services while the intake is in process. The project director reviews the case and treatment plan with the social worker. The period of diagnosis may take several months, particularly where diagnostic tests are needed, but diagnosis is usually completed within a month.

In addition to case management and individual counseling, the project offers individual and group therapy. Initially, the social workers work to improve the client's overall living conditions by arranging for advocacy services like housing, public assistance, or medical care. When necessary, the social workers obtain help for clients through other community

services such as day care, the drug abuse and alcohol center, or temporary foster care. They assist in any legal proceedings that might be pending or they may take legal action to safeguard the child's welfare. The main focus of the social worker's services is to help clients change their attitudes and modify their conduct in order to improve their functioning as adults and parents. At the request of the social workers the consulting psychiatrist and psychologist will provide individual and group therapy for clients.

The project ends its involvement with a case whenever the parents have moved out of the region or a child has been permanently removed from a home, after making sure that a local DSS office in another region is in charge. When the social worker thinks that the potential for future abuse or neglect is tolerable and that major gains in attaining goals have been achieved, the project terminates the case.

Client Characteristics

As can be seen on Table 1, the projects caseload is fairly evenly divided into potential cases (25%), emotional abuse or neglect cases (22%), physical abuse cases (20%), and physical neglect cases (28%). Of these cases, almost all of whom were referred by the social service host agency, somewhat under half (42%) were those in which serious maltreatment occurred, and close to two-thirds of the cases (63%) had a previous record or evidence of maltreatment. Despite the seeming severity of the cases, only 1% had a court hearing; in only 3% were the children removed from the home. The families were relatively large, with an average of 3.3 children; most families had preschool children (83%) and two adults in the household (77%). The families, which were a mixture of native Puerto Ricans and a few other

ethnic groups, were not highly educated (63% had no high school degree), and they were poor (73% had $5500 or less as an annual income). However, these were older parents (fathers' average age was 39 and mothers' was 31) and typically employed (in only 35% of the families was no one employed). The most frequently cited problems in the households in addition to financial ones include: marital problems manifested in arguments and fighting, alcoholism, poor health, and heavy, continuous child care responsibilities. In general, these were difficult cases, multi-problem cases, even though 25% were identified as high risk or potential rather than actual. These cases, close to handpicked by the staff, are the very kinds of cases the project chose to serve.

Table 1

Client Characteristics

Source of Referral

Private physician	--
Hospital	4%
Social service agency	75%
School	3%
Law enforcement	2%
Court	--
Parent	2%
Sibling	--
Relative	2%
Acquaintance/neighbor	3%
Self	4%
Anonymous	--
Other agency	5%

Type of Maltreatment

Potential abuse or neglect only	25%
Emotional maltreatment only	22%
Sexual abuse	2%
Physical abuse	20%
Physical neglect	28%
Physical abuse & neglect	3%

Severity of Assault

Not serious	58%
Serious	42%

Responsibility for Maltreatment

Mother	48%
Father	25%
Both	14%
Other	13%

Legal Actions Taken

None	44%
Court hearing	1%
Removal of child temporarily	3%
Removal of child permanently	--

Previous record/evidence of maltreatment

None	37%
Previous record/evidence	63%

Demographic Information

Average number children in family	3.3
Family with preschoolers	83%
Family with one adult	23%
Family with no high school degree	63%
Family with no minorities	38%
Family with no one employed	35%
Average family income	$5000
Families with less than $5500 per year	73%
Families with teenage parent	28%
Average age of mothers	31 yr.
Average age of fathers	39 yr.

Problems in Household Leading to Maltreatment

Marital	58%
Job related	8%
Alcoholism	36%
Drugs	3%
Physical health	32%
Mental health	38%
New baby	7%
Argument/fight	50%
Financial	57%
Mental retardation of parent	3%
Pregnancy	2%
Heavy, continuous child care	38%
Physical spouse abuse	23%
Overcrowded housing	11%
Abused as child	16%
Normal method of discipline	14%
Social isolation	15%
Recent relocation	16%

(N=95)

The Quality of Case Management

In general, with few exceptions, the Bayamon project used excellent case management practices. Intakes were thorough; records were well kept; contact with clients was intense and continuous; and reviews occurred frequently.

Cases were referred to the project from the social services department. Although the time between actual referral and first in-person contact with the client was often one month, during this month project staff conducted extensive review of the cases, collected background information, and talked with the referral source. The number of contacts with the client prior to the development of a full treatment plan varied from one to over five, depending upon the complexity of the case, although some treatment services were offered within two weeks of the first contact. More than two-thirds of the cases were reviewed by a multidisciplinary team and all cases were reviewed in case conferences. While consultants were rarely used for case management issues, and clients never participated in their own case reviews, referral agents were used extensively in providing information about the case. Typically, the person performing the case management function also performed the intake (deviations from this were due to turnover in one staff position), and was the primary treatment provider as well. The project tended to provide clients with all needed services rather than refer them elsewhere.

Table 2

Case Management Characteristics*

Time Between Referral and First Client Contact

Same day	6%
1-3 days	6%
4-7 days	21%
Within two weeks	13%
Within one month	40%
Over one month	15%

Number of Client Contacts (after initial contact) Before Treatment Plan

None	22%
One	28%
Two	27%
Three-five	21%
Over five	3%

Time Between First Client Contact and First Treatment Service

Within two weeks	68%
Two weeks to one month	18%
Over one month	15%
No services given	0

Use of Multidisciplinary Review Team

At least one review	71%
Review during intake	13%
Review during treatment	64%
Review at termination**	27%

Use of Case Conferences (staffings)

At least one conference	100%
Conference during intake	63%
Conference during treatment	97%
Conference at termination**	100%

Use of Consultants

None	37%
One	12%
Two	9%
Three-five	24%
Over five	19%

Client Participation

Client presence at MDTs and/or case conferences	0

Contact with Referral Source

For background information	93%
For progress reports	62%

Responsibility for Intake

Current case manager	62%
Other staff member	38%

Number of Case Managers

One	75%
Two	25%
More than two	0

Reason for Two or More Case Managers

Joint management	N= 0
Staff turnover	N= 9
Staff unavailability	N= 0
Lack of success with client	N= 0
Other	N= 0

Number of Treatment Providers in Project (other than case manager)

None	62%
One	22%
Two	13%
Three-five	0
Over five	3%

(Table 2 continued on following page)

Table 2 (continued)

Services From Outside Agencies. .46%

Evidence of Communication With Outside Agencies 100%
N=16

Frequency of Contact by Case Managers

Once per week or more 23%
Once or twice per month 58%
Less than once per month. 9%
Once or twice only. 3%
Varied over time. 6%
None. 0

Follow-Up Contacts**

At least one contact (client/ other agency). 60%
Two or less with client 79%
Three to five 21%
Over five 0

Length of Time in Treatment**

Up to three months. 0
3-12 months 54%
1-2 years 46%
Over two years. 0

Total number cases = 35; total terminated cases = 12.

*Owing to rounding, percentages may not sum to 100%.

**Terminated cases only.

XI. COMMUNITY IMPACT

Summary

The major change in the Bayamon community was an increased awareness by professionals and the general public of the special problems of child abuse and neglect, and an increased commitment to finding ways of combatting the problem. This change appeard to have resulted in a small increase in the services applied by the various agencies to preventing or treating individuals who abuse or neglect their children. This was most true in the city of Bayamon office. Also, other agency staff appeared to have focused more on the special problems of abusive and neglectful parents and their children. In particular, the schools appeared to be more sensitive to the problem and relied more heavily on DSS and the project staff. The Interagency Committee made it possible for the first time for administrators and key workers in the various agencies to discuss the problems of child abuse and neglect in Bayamon, and to jointly develop solutions.

The health educators reached a large audience of professionals. Their specially-developed materials and stimulating presentations appeared to have inspired other health educators to undertake similar education efforts. There are more referrals being made by professionals to DSS than before the project started. Professionals in the community are more aware of the availability of resources in Bayamon for helping their clients.

Nonetheless, the system for dealing with child abuse and neglect in Bayamon has gaps and deficiencies. Outreach and prevention were virtually non-existent. Identification of abuse continued to be poor, but some improvement had been made. The community system still lacked a hotline for

24-hour reporting and for parents on the verge of hurting their children to obtain help. The shortage of adequate housing and jobs compounded the problems that DSS workers and project staff were helping their clients overcome.

Community System Operations

Prior to the implementation of the demonstration project in May of 1974, the organization receiving most of the reports of abuse or neglect in Bayamon was the local office of the Department of Social Services (DSS). Other agencies such as the schools referred cases only when they were unable to provide the necessary services themselves. If a child had been physically or sexually abused, other agencies like the Municipal Health Center would immediately refer the case to the police. The police would usually investigate the charge and, if substantiated, would refer it to the District Court as a felony case. Since DSS did not have sufficient coverage for reporting, the only agency that could be contacted after the hours of work was the police.

Another type of case that would not necessarily be reported to DSS before May of 1974 was the failure of parents to provide adequate shelter, clothing or food for their children, a situation termed abandonment in Puerto Rico. Frequently, one of the parents or a relative would request the District Court to take legal action against the parent. Since public resources are scarce and other social problems appear more serious, many agencies did not bother to report cases of mild or moderate neglect. Those neglect cases reported to the local DSS office were usually complaints from neighbors and relatives, or requests by other agencies for assistance. The courts sometimes called on DSS when the custody of a child was an issue, since DSS had

the legal responsibility to supervise and provide foster care homes and institutions for special children.

In September of 1974, the staff in key agencies other than DSS appeared to have little consciousness of the etiology of child abuse or of the underlying pathologies associated with neglect.

During the period preceeding the project's initiation, the other agencies in the community worked together sporadically. Investigations were conducted separately. Referrals were made haphazardly. A number of gaps existed in the community system. There was no outreach into the community to identify parents who were abusing, much less neglecting, their children. Prevention efforts were minimal, consisting primarily of classes on child development for parents and teachers of first graders in the the Northern Bayamon public school district, and pre-natal, well-baby and family planning clinics operated by the Municipal Health Center. The home economics and health classes taught in the public schools occasionally touched on such subjects as child development or management. Follow-up was virtually non-existent with the possible exception of the school system whose social workers occasionally re-investigated cases if a child continued to exhibit problems.

None of the agencies had received any special training on child abuse or neglect, or on the responsibilities of the various community agencies. The police appeared to have no awareness of the phenomena of child abuse and looked upon the matter simply as taking legal action against the parent(s) if a child were hurt. Frequently, the anti-social actions of older children were interpreted by the police as matters of juvenile delinquency even though the child's behavior was a direct result of parental negligence or

their willful encouragement. The courts generally treated child abuse as a felonious matter. The courts usually handled abuse and neglect in one of three ways: (1) the administrator referred the case to the Juvenile Chamber of the Superior Court because it involved the custody of a child or juvenile delinquent; (2) the administrator or the District Court judge mandated the case to the Adult Chamber of the Superior Court because it involved assault and battery or incest; or (3) the case was handled in the District Court because it involved misdemeanor charges against the parent(s) for failing to provide child support. There was no system in the courts for recording the number and disposition of cases of child abuse and neglect that were heard.

In July of 1974, the long-standing practice of referring dependency cases to DSS was codified by Law 191. Beginning in September of that year all those who had knowledge of a child being abused, particularly those holding professional jobs such as teachers, doctors, pharmacists, etc. were required to notify DSS within 48 hours.

Very few agencies were aware of the passage of the law when the demonstration project started to function in September of 1974. Although DSS had established a central registry in January of 1974, DSS was virtually the only agency filling out the forms and even their response rate was low.

Caseload Size and Case Outcomes

The reported incidence of child abuse and neglect has increased since the project's implementation. During the baseline period of 1974, there were approximately 71 protection cases from the city of Bayamon that were referred to DSS. However, although many of these cases involved incidents

of child abuse and neglect, DSS did not differentiate among the types of protection cases. Hence, there is no way to know exactly the number of cases received by DSS during the baseline period.

As part of the evaluation, the local DSS staff recorded on special forms the reports of child abuse, neglect, and abandonment for 1975. There were 83 reports of child abuse, neglect and abandonment, of which five were repeat reports on the same situations (see Table 3). Of these 83 reports, 44% were substantiated. In 1976 there were 105 reports, of which eight were repeat reports. Of these 105 reports, 56% were substantiated.

Table 3

DSS Caseload and Reporting Statistics: 1974, 1975 and 1976

Caseloads		1974[1]	1975[2]	1976[2]
Reports by Type:	Abuse	NA	31	57
	Abandonment	NA	32	19
	Neglect	NA	20	29
	Total	71	83	105

[1]Departomento de Servicios Sociales, Oficina Local de Bayamon, Programa de Servicios a Familias con Ninos-Movimiento de Solicitudes (1974). Note: This statistic refers to all protection cases. Figure adjusted due to unavailable data for May 1974.

[2]Source: BPA form filled out by DSS local office.

As far as the source of reports were concerned, in 1975 and 1976 reports were divided approximately equally between agency and non-agency sources (see Table 4). The schools were responsible for almost one-fifth of the reports. The hospital increased its percentage of reports from 2% in 1975 to 10% in 1976. The courts were responsible for a few percent. The police made only one report during 1976. According to the local Bayamon DSS office, both the schools and hospitals were making more referrals, but also many of these referrals were unsubstantiated. This situation was particularly true for the hospitals.

In mid-1976, to keep better record on the child abuse and neglect situation in Puerto Rico, the central DSS office improved the monthly reporting form for all local offices by adding the following categories: abuse, neglect, abuse as a result of alcoholism or drugs, mental regardation, and abandonment.

Table 4

Referral Sources to DSS[1]

Source of Reports	1975		1976	
	Number	Percent	Number	Percent
DSS	8	10	13	12
Hospitals	2	2	10	9
Police	2	2	1	1
Schools	15	18	18	17
Court	6	7	4	4
Other agencies	7	9	10	10
Spouse	17	21	10	10
Family member	9	11	22	21
Neighbors	11	13	15	14
Self referrals	4	5	2	2
Anonymous	1	1	0	0
Unknown	1	1	0	0
Total	83	100	105	100

[1]Source: BPA form filled out by the local DSS office.

Legislation

Working with the Interagency Committee, formed in July of 1975, the project began in the latter part of that year to consider revisions in Law 191, the Puerto Rican reporting law. Work began on formulating specific recommendations to the Legislature for revision of the law. DSS established a

special task force to make recommendations to the Legislature.

Law 191 broadly specified who was required to report to DSS including such professionals as teachers, doctors and nurses. Reportable situations were those causing a physical or mental deterioration in a child as a result of abuse. No definition of abuse or "maltrato" was given. Neglect was not explicitly made one of the reportable situations. The law provided a fine of $100 to $500 and a charge of misdemeanor for failure to report, although this provision of the law was not enforced. All informants were granted both civil and criminal immunity and all information was to be kept confidential. The law did not mandate that any services be provided for abuse cases. The law was amended by Law #104, June 2, 1976.

Community Resources

During the period from May 1974 to April 1977, the project and the local DSS office were the only two agencies in Bayamon whose primary purpose was to deal specifically with child abuse and neglect problems. The other agencies frequently served their clients without considering whether they had abused or neglected their children. Since these other agencies did not keep any statistics on abuse or neglect, they could not estimate the percentage of their staff time committed to providing service to abuse or neglect cases.

The staff resources provided by the project include four masters degree level social workers and the part-time services of a psychiatrist, psychologist, and pediatrician. The project has offered the following services to its 60 clients: case management, multidisciplinary review, psychological and psychiatric testing, pediatric examinations and health care, individual therapy and counseling, group therapy, and ancillary services such as

transportation and emergency funds. The social workers engaged in obtaining supportive services such as housing, day care, temporary foster care, medical assistance, and drug and alcoholism treatment. The project also offered positive behavior reinforcement activities such as summer camps, outings, and parties for client families.

In January of 1977 the local DSS office for Families with Children had a staff of two masters level social workers, one of whom was the director, and eight bachelor's degree social workers (called technicians). One technician carried out the intake function for all cases referred to the Families with Children office and the remainder of the staff functioned as social workers. The director estimated that the one master's level social worker and the two technicians who carried the most abuse cases spent about 100% of their time dealing with those clients, while the other six technicians spent less than 10% of their time on abuse cases. As a group, the director estimated that the workers spent approximately one-third of their time dealing with abuse. In 1974 the office had eight workers, two of which had master's degrees in social work. The services available from DSS included: case management, social work counseling, psychiatric evaluations, homemaking services, day care, adoption services, foster care, and placement in institutions for the developmentally disabled.

The local DSS office was providing more immediate service in January 1977 than in the fall of 1974. Whereas in 1974 it was common for protective service cases to go unattended for several weeks or more, in 1977 if a case appeared to be an emergency, a social worker would visit the home immediately. In situations which appeared undangerous, the staff were seeing the cases within three or four days. The staff were using a goal-oriented case record

keeping system which was reviewed every six months. They appeared to be more thoroughly diagnosing child abuse cases and had a clearer concept of when it was appropriate to terminate cases.

The services available through other community agencies were more limited, primarily consisting of counseling and some advocacy and support services. The school social workers provided counseling and assistance to parents in obtaining the needed services. The school districts offered some group sessions as well. In the northern school district of the city of Bayamon, there were nine social workers assigned to the elementery through senior high schools. According to their supervisor, they spent approximately 50% of their time on child abuse and neglect situations. In school year 1974-1975 the social workers had 940 cases.* In the first semester of school year 1976-1977 these workers had 1200 cases.

In January 1977, the Municipal Health Center had an entirely new administration. The one social worker who had been providing assistance to families and patients and making referrals to DSS had left the hospital when CETA funds which paid her salary were no longer available.

Considering support services, there continued to be a critical shortage of low-cost housing. Since a change of housing was frequently necessary in order to stabilize a family situation, the lack of housing meant that some approaches to treatment were not as effective as they might have been.

*Note: since the district did not classify cases, these figures represent all kinds of situations, not only child abuse and neglect.

Essential services for children were provided through the Head Start programs, day care and the schools. Play therapy and therapeutic day care, however, were not available. Medical care for children was available through the Municipal Health Center for those who could not afford private care. However, the long waiting lines and the deteriorating physical conditions of the facilities make medical care difficult to obtain. The new director of the Center plans to establish community clinics, remodel the Center, and improve its services. The addition of a new subregional hospital, however, improved the quality of secondary care. Nonetheless, preventive health programs in the Bayamon area continued to be very limited.

In summary, during the period from May 1974 to January 1977, there had been a small increase in the quantity and quality of community resources available for treatment of child abuse and neglect outside what the project was offering to its clients.

Community System Coordination

The project was the principal means of facilitating coordination among the agencies in Bayamon. None of the other agencies appeared to have made any formal agreements for coordinating their services to abuse or neglect cases except for an informal working relationship between the schools and the local DSS office.

The Interagency Committee, convened under the auspices of the project, represented the first time that most of the key community agencies had assembled to discuss the special community problems relating to child abuse and neglect. Agencies that were involved included the Head Start programs run by the city of Bayamon and the Evangelic Council, the Department of

Services Against Drug Addiction, Police Department, Alcoholism Program, Department of Instruction, Local Health Center, Department of Housing and Urban Renewal, and several of the larger hospitals that serve the region and the island. During the fall of 1975, the committee developed a form to be used by all agencies to refer cases to DSS and the Unit. In 1976, these forms were circulated to all key community agencies. A Health Board composed of representatives of the various community health agencies met during 1975 to develop programs to meet Bayamon's most serious health problems, particularly those pertaining to children.

During the period from May 1974 to January 1977, according to records maintained for the national evaluation, the project spent approximately 8% of its total budget on coordinating with other agencies, primarily on educational and administrative matters. The bulk of these coordinative efforts were to arrange meetings or to accumulate educational material for meetings. Some of these efforts were spent coordinating for administrative purposes or treatment to clients. Time spent on attempting to develop a more effective community system for identifying, referring or treating parents who abuse their children represented several percent of the project's budget. These figures do not include many of the project's activities which had the indirect effect of improving the community system but which were accounted for under other headings in the project's record keeping system.

Education and Public Awareness

The staff of the various community agencies became more aware of the problems of child abuse, and to some extent neglect, in Bayamon, and more knowledgeable about where to refer cases. Almost all of the training that

the agency staff received was a result of the project's health educators' efforts.

According to statistics collected by the project, approximately 270 professionals were educated by the project in Bayamon during the period from May 1975 to January 1976. Almost three-quarters of those trained were teachers. Others included staff of Head Start, Municipal Health Center, Department of Health, and Department of Housing and Urban Renewal. The project made presentations before several professional conventions.

In the period from January 1976 to December 1976, over 400 professionals were educated. Principal among these were the local offices of DSS. Other agencies included the schools, alcoholism program, and Bayamon CRUV. The local Bayamon DSS office staff appeared to have made significant gains in improving their skills and awareness as a result of the project's educational activities. Similarly, the schools were enthusiastic about the project's training and appeared more capable of identifying and referring cases of child abuse and neglect.

The health educators made presentations before the parents of Head Start and public school students, community groups at the community centers in the housing projects, and mothers attending the well-baby clinic at the Municipal Health Center. In total, the project educated over 2100 people from May 1975 to January 1976. From January 1976 to December 1976, the project educated over 4100 people. In addition, the project participated in a dozen radio and television programs acquainting the public with child management, child development, social workers, child abuse and neglect, the project, and the reporting law. Several of the major daily newspapers ran articles on child abuse and neglect and the project.

In addition to the project, the public school health educators appeared to have focused more attention in their high school classes on child development and care. The school public health educators trained the health teachers on child development and the special problems of neglect and abuse.

XII. RESOURCE ALLOCATION AND SERVICE VOLUME AND COSTS

Table 4 shows how project staff and consultant time and project budget were allocated, on average, to different project activities, as well as displaying typical monthly service volumes and unit costs for different activities.

A full 40% of staff time was spent on the provision of treatment services to clients; while over one-quarter of this was utilized in the review and management of cases, the project staff still managed to spend significant proportions of their time on different kinds of counseling and therapy services. With an average monthly caseload size of 70, and with up to eight new cases coming into the project in a typical month, the project offered: 92 individual counseling or therapy contacts a month; 34 sessions of family or couples counseling; 37 alcohol, drug or weight counseling sessions; and four group therapy person-sessions. One hundred fourteen person-sessions of parenting education were offered to clients and some members of the general community. The unit costs of services were quite stable over time with the exception of multidisciplinary team reviews which increased substantially when the project started to pay professionals to come and sit in on the team. The cost to the project to provide a unit of any of the services was not substantially different from the cost to the community, given that the project used very few donated or volunteered resources in

service provision. The unit costs, in general, are higher than one might find in the typical protective services department, undoubtedly due in part to the level of expertise on the staff.

Of the 60% of project resources not used for direct treatment services, 7% of staff time (and 4% of the budget) was spent on preventive activities; 16% of time (and 8% of the budget) was spent on community and professional education; and 23% of staff time (32% of the budget) was spent on overhead activities including staff development and training, program planning, and general management. The project additionally spent 11% of its budget on its own internal research.

Table 5: Project Resource Allocation and Service Costs

Activity	Resource Allocation to Activities		Volume and Unit Costs of Services		
	Average Annual Time Allocation	Average Annual Budget Allocation	Average Monthly Volume	Average Annual Unit Cost	Average Unit Cost to Community
Prevention	7%	4%			
Community Education	11	4			
Professional Education	5	4			
Coordination	7	4			
Staff Development/Training	8	8			
Program Planning/Development	1	1			
General Management	13	27			
Project Research	10	11			
BPA Evaluation	2	2			
Outreach	--	--	11 cases	$ 7.75	$ 8.75
Intake/Initial Diagnosis	2	2	8 intakes	16.00	19.00
Case Management/Review	10	9	70 average caseload	16.25	17.00
Court Case Activities	2	1	4 cases	33.50	33.75
Multidisciplinary Team Review	2	1	2 reviews	118.00	118.25
Individual Counseling	7	6	67 contacts	12.50	12.75
Couples Counseling	--	1	9 contacts	10.75	10.75
Family Counseling	3	2	25 contacts	12.25	12.50
Alcohol, Drug, Weight Counseling	1	1	37 person-sessions	10.50	10.75
Individual Therapy	2	2	25 contacts	10.50	10.50
Group Therapy	1	--	4 person-sessions	24.00	24.25
Parent Education Classes	1	1	114 person-sessions	4.75	4.75
Crisis Intervention After Intake	2	2	7 contacts	29.25	29.50
Child Development Program	5	4	--	--	--
Medical Care	--	1	6 visits	38.50	38.50
Follow-Up	1	1	8 person follow-ups	--	--
Total Annual Person Years/Budget	8.5	$150,912	Average monthly caseload = 70		